- E	-	
of old	County Caro	5-
should of OCC	Village or City	e
NS NS int	Length of residence in city or to	w
Eve CIA) eme	2. FULL NAME	4
KD. YSI stat	(a) Residence: No.	
RECO. PH Exact	PERSONAL AND ST	7
r re y. Ex	3. SEX 4. COLOR OR	R
UNFADING INK—THIS IS A PERMANENT RECORD. Every item of upplied. AGE should be stated EXACTLY. PHYSICIANS should terms, so that it may be properly classified. Exact statement of OCC instructions on back of certificate.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	-
EXA (EXA (I) classi	6. DATE OF BIRTH (month, dey, and y	_
IS A I stated proper	7. AGE Years	Me
HIS I be s be p of ce	8. Trede, profession, or particula kind of work done, as SPI SAWYER, BOOKKEEPER, et	N tc.
NK—T should it may n back	kind of work done, as SPI SAWYER, BOOKKEEPER, et of sawYER, books, and sawYER, and sawYER, books, a	IL
AGE SH that it	O 10. Date deceased last worked at this occupation (month and year)	
ed. AGEs, so that	12. BIRTHPLACE (city or town). (State or country)	1
UNFA ipplied terms,	13. NAME	
ITH UI	14. BIRTHPLACE (eity or town) (State or country)	
~ 3 4	15. MAIOEN NAME Man	-
. Int	16. BIRTHPLACE (city or town) (Stete or country)	0
	17. INFORMANT Chalu	_
PL ould	(Address)	_

STATE OF MARYLAND—CERTIFICATE OF DEATH PLACE OF DEATH

County Caroli		ento	Registration Dist. No	62
Village or City Decet	au j	NoNo	- 1 NAME: 1	St., Ward
Length of residence in city or town where de	V .			
2. FULL NAME Que	Turky /	Skirobronder of og	Lie.	n n n n 2 a n n n n n n n n n 2 a n n n 2 2 a n n n 2 2 a n n n 2 2 a n n n 2 2 a n n n 2 2 a n n n n
(a) Residence: No.	(Usual place of abode)	St. St. Ward.	If nonresident give city or	town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CE	RTIFICATE OF DI	EATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Oct 3 (Month) (Day)	O , 193 5-
5a. If married, widowed, or divorced HUSBAND of 3, B, B,	unbaugh	22. Aug HEREBY	CERTIFO That	attended deceased from
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months 84	Days If LESS than 1 day,hrs. ormin.	I last say name alive on a live on to have occurred on the dete stated. The PRINCIPAL CAUSE OF DEATH were as follows:	above, at	tance
8. Trede, profession, or particular kind of work done, as SPINNER, as SAWYER, BOOKKEEPER, etc.	t home	Costral 5		1932
Kind of work done, as SPINNER, ASAWYER, BOOKKEEPER, etc		Cetral H	errorrhey a	- 21129
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) adai (State or country)	usto	Other Contributory Causes of Import	ance:	7
II 13. NAME	leer by	unino so	terous	
14. BIRTHPLACE (eity or town)	0	Name of operation		Date of
(State of country)	to al	What test confirmed diagnosis?		
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Jen.	23. If death wes due to external cause Accident, sulcide, or homicide? Where did injury occur?		
17. INFORMANT Clalusers. (Address)	Figure Post	Especify whether injury occurred in I	(Specify city or town, cour NOUSTRY, in HOME, or In f	
18. BURIAL, CREMATION, OR REMOVAL	Oate // 10/ 19.30	Manner of injury Nature of injury		~
19. UNDERTAKER (Address)	Oulan	24. Was disease or injury in any way	related to occupation of dec	ceased? Ro
20. FILEO 11-1 , 1935 m	n Al Jungs	(Signed) Muse	710 /10	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related capses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S	Jo	
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
т. Рн	Exact	
XACTL	classified.	
stated E	properly	very important. See instructions on back of certificate.
pe	pe	of
plnous	it may	n back
AGE	so that	ctions c
pplied.	terms,	instru
ns A	ain	See
arefull	H in pl	rtant.
pe c	EAT	impo
plnous	OF D	very

1. PLACE OF DEATH	
County Carolene Registration Dist. No. 6	6
Village or City Ridgely No. St.,	Ward
(If death occurred in a horpital or institution, give its NAME instead of street at Length of residence in city or town where death occurred	
2. FULL NAME & ella Chypheth Qullosto. S. Veteran specify WAR	000000000000000000000000000000000000000
(a) Residence: No. Lief Stee Ward. (Usual place of a bode) Ward. If nonresident give city or town to the contract of the con	and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Day)	, 193 ² (Year)
(or) WIFE of Hestiand diseased 22. I HEREBY CERTIFY. That I ettend	ed deceesed from
6. DATE OF BIRTH (month, day, and year) aug 22 1885 Hast saw h. C. V. alive on Oct 14 193	[death is seld
7. AGE Yaars Months Deys If LESS than to have occurred on the date stated above, at 7. 5.5 Am.	
The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BAIK, etc. 10. Date decased last worked at this occupation (month end 10.7.2.2.) spent in this securation (month end 10.7.2.2.) spent in this	
10. Date decaasad last worked at this occupation (month end 1932 11. Total tima (yaars) spent in this occupation (month end 1932 0ther Coutributory Causes of importanca:	
12. BIRTHPLACE (city or town) Millard (State or country) Kent o Salar and England	
LLSS COLUMNIAS	1433
13. NAME ares Wrotten 14. BIRTHPHAGE (city or town) Date of paration seems Date of paratio	
(Stays of country) What test confirmed diagnosis Tray . To full was there if	in eutopsy?
15. MAIOEN NAME Market 15. MAIOEN NAME Market 16. BIRTHPLACE (city or town) Accident, sulcide, or homicide? Date of Injury. Where did Injury occur?	, 19
Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC (Address) (Specify city or town, county and Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC (Address)	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Harrington Date Oct. 16, 1935 Neture of Injury Neture of Injury	
19. UNDERTAKER (Addrass) 24. Wes disease or injury in any way related to occupation of decaesed? If so, specify	Verlenam
20. FIQ Ct 15, 1935 Where would dry State Printer N. Challe State Printer D. N. Challe State P. State	m. D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Jo	plu		
	item	sho	of (
	INFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	pplied. AGE should be stated EXACTLY. PHYSICIANS should state	erms, so that it may be properly classified. Exact statement of OCCUPA-	
	KD.	YSI	stat	
	RECO	PH .	Exact	
	E	LY		
	NE	CI	ified	
	SMA	XA	class	
BI	PEF	国	ly	210
ARGIN RESERVED FOR BINDING	IS A	stated	proper	instructions on back of certificate
Q	HIS	pe	pe	of o
KVE.	II-	pluoi	may	hark
SE	N	Sh	i it	40
X 된	C	AGE	that	Suc
Z	DI		80	itoti
ARG	INFA	pplied	erms,	inctr

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10863
1. PLACE OF DEATH	46-8
County Caroline	Registration Dist. No. 6
Village or City (Hedgeley West	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs. 2 1005.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Tochurad	If U.S. Veteran apecify WAR
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) WILLIAM OR DIVORCED (write tha word)	21. DATE OF DEATH Stables 27, 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Engra Alexant Day	1 HEREBY CERTIFY, That I attended deceased from January 2/ 1924 to Outober 27, 1935
6. DATE OF BIRTH (month, day, and year) aug. 24 185/	Alast saw h. J.M. alive on October 2 7 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/1:33 Pm.
84 2 6 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDDKKEEPER, etc.	Caremonstay of Alamach 1to 2 year
work was done, as SILK MILL, farm	- Sanakah
10. Data deceased last worked at this occupation (month and left occupation coupation occupation occupation	
B. J. F.	Other Coetributory Causes of Importance:
12. BIRTHPLACE (city or town) (And Lucy (State or country) > Treaselows	Receipt
13. NAME William Day	Broule frammonia ! day
	Name of operation Sastramlerastoms Date of May 1935
(State or country)	What test confirmed diagnosis Plans Line Was there an autopsy? N-4.
15. MAIDEN NAME (Problem a Proc	23. If daath was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homlcide?
(State or country) Quary loud	Whara did Injury occur?
17. INFORMANT Ture J. N. K. Shamekon (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Малnar of injury
Place Deuton My Date OCC 29, 19.3.5	Neture of injury
19. UNDERTAKER Q. Ziegil Marie	24. Was diseasa or injury In any way related to occupation of decaasad?
20. FILE Oct 29, 1935 - Junians. Registrar.	(Signed) Stefer (M)D. (Address) Redysly tu).
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 2 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE	OF MARY	YLAND-	CERTIFICATE OF DEATH	10864
1. PLACE OF DEATH	0	1	119	M
County	aroli	ne	Registration Dist. No. 4	2
Village or City Les	iton		No. /19 M. Hura. St., ideath occurred in a horpital or institution, give its NAME instead of street an	Ward
Length of residence in city or town whe	re deeth occurred		t death occurred in a hospital or institution, give its IVAIVE, instead of street and ityrsyrs	
2. FULL NAME Joseph	Earl	Down	US If U.S. Veteran specify WAR	
(a) Residence: No. 119 70	· Thera	/_	St. Ward.	
	(Usual place		If nonresident give city or town a	
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Colored	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH of Ser) 39 (Month) (Ddy)	193(Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			20ct THEREBY CERTIFY, Thet lattered	ed deceased from
6. DATE OF BIRTH (month, dey, end yeer)	may 3	.1935	I last sew h Ms elive Q 1.28, 3	5; death is said
7. AGE Years Months	Deys	If LESS then	to have occurred on the date steted above, et aus_	
0 4	29	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Droncho Fremonia	4 daysug
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				
10. Date deceesed lest worked et this occupation (month and year)		me (yeers) It in this pation		
12. BIRTHPLACE (city or town)	ston. I	nd	Other Contributory Causes of Importance:	
(State or country)	111		- yallo emerces	weese
13. NAME Jearge 14. BIRTHPLACE (city or town)	a. Doi	ones!		
(State of country)	1 n	. Dela	Name of operation Date of What test confirmed diagnosis? Clutteal Was there a	in autopsy 20
15. MAIDEN NAME anna	J. Iru	son,	23. If death was due to external ceuses (VIOL ENCE) fill in elso the follow	/ing:
15. MAIDEN NAME Anna 16. BIRTHPLACE (city or town) (Stete or country)	leane us	me, Ma	Accident, sulcide, or homicide? Date of Injury Where dld injury occur?	
17. INFORMANT Levr ge (Address)	W. Dar	vnes)	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1		Manner of injury	
Place Denton . M	O Date Out	J/ ,193 V	Nature of injury	
19. UNDERTAKER M. K. M. (Address)	lunam	ma.	24. Was diseese or injury in any way releted to occupation of deceesed?. If so, specify	no.
20. FILE 0/39 , 19 36 /	ma O Je	Registrar.	(Signed) Small (Address) 507 Gay 51., Deuts	M.D. 1110
If m	ore blanks are needed, a	ddress State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		- ii	Example II	
The principal cause of death and re of importance were as follows: Arteriosclerosis	Anger minimum	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1890	July 5, 1927	Peritonitis	3 days ago
BÜRZA	a A. ·			
Other contributory causes of impor	tance:		Other contributory causes of importance:	=2/3/11/1
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE

1. PLACE OF DEATH		(46-8)	
County Caraleus		Registration Dist. No.	62
Village or City Deal	town	NONONONONONONONONONONONONO	St.,Ward
Langth of residence in city of town where	death occurredvrsmos	sds. How long in U.S. If of foreign birth?yrs	ds.
2. FULL NAME DALL	in Pister	If U.S. Veteran specify WAR	0,00,00,00,000,000,000,000,000,000,000,000
(a) Residence: No.	(Usual place of abode)	Mard. If nonresident give city or	town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. (6) (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced WISBAND of (or) WIFE of Clear	t trisleer	22. I HEREBY CERTIFY. That I	4- //
6. DATE OF BIRTH (month, day, and year)	cuar, 217-186	9 last saw h ex alive on active 16	, 1935; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 112.3.0 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importunere as follows:	anca Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	faurenip-	Lascinoma of Homach	Twolfigh
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc			
10. Date decessed last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town)	Denton	Other Cantributory Causes of importance:	
(State or country)	Sisting	-	
13. NAME 14. BIRTHPLACE (city or town)	00	Name of operation	
(State of Country)	corpland	Whet test confirmad diagnosis? Was	thara an autopsy?
15. MAIDEN NAME GLACE 16. BIRTHPLACE (city or town)	13 afur	23. If death was dua to external causas (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town)	V. Jeeller West	Accident, suicide, or homicide? Data of Inju Where did Injury occur?	ry, 19
17. INFORMANT . Tofarlley &	love En	(Specify city or town, county Specify whather injury occurred in INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Pete Oct / 9, 1923	Manner of injury	
19. UNDERTAKER 9 10 20	egon de la como	24. Was disease or injury in any way related to occupation of dac	eased? ZSD
20, FILED 10 -19, 1935	no of your	(Signad) auf M	Allo M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

. PLACE OF DEATH	Registration Dist. No. 6/
	NoSt.,Wa f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city, or town where deeth occurred yrs most	ds. How long in U.S. if of foreIgn birth?yrsmos
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 22 , 193 5- (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceesed from 1935 to Sel 6 1956
DATE OF BIRTH (month, day, and year) Oct 19, 1907	I last few h. M. alive on Der 6 , 1930 ; deeth is si
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Gulmonary Jukerculosis "
10. Dete deceased lest worked at this occupation (month and year)	
BIRTHPLACE (city or town) (Stete or country)	Dther Contributory Causes of importance:
13. NAME William Q, S'lomes	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME & soulure Jorde 1	23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) INFORMANT Willyour Filaming (Address) Lieus bio Md.	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
Place Landlerne & Date Oct 95, 19 3	Manner of injury
UNDERTAKER & Buff awerings (Address)	24. Wes disease or injury in she way related to opcupation of deceased?
FILED Oct 24, 35 & Man Pipe	(Signed) (106/4/1) (Mess) M. M. (Address) Messey M. M.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Chronic interstitial naphrelis ECEIVEL Attack of epilepsy 1915 1 week ago Run over by street car 1 week ago 1921 Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance. Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. be CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(M-P)	
County	Caroline			Registration Dist. No. 64	
Village or C	ity Near Fe	deralsbu	rg. Md.	No. St. V	Vard
length of rec	idence in city or town whera	doeth occurred	(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	de
					_05.
	ME E. Ross			If U. S. Veteran, specify WAR.	
(a) Residen	ce: No. redera	(Usual place	of abode)	• D 6t., Ward. If nonresident give city or town and State	
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE MATT	RIED, WIDOWED, D.(write tha word) 'i ed	21. DATE OF DEATH October 19 (Month) (Day) (Year	
5a. If merried, widow HUSBAND of (or) WIFE of		s Layton		22. HEREBY CERTIFY, Thet letterded daceesed	
	TT	nknown	1875	1 last saw h.C.2° alive on 19.7 5 death is	
7. AGE Yes	timomin, doy, and year,	Days	If LESS then	I last saw h(e) alive on 1935; death is to have occurred on the deta stated above, et 10 p.e.m.	sard
About 60			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence	
_ 8. Trada, profa	ssion, or particular		ormin.	were es follows:	nset
kind of s		House wo	rk	2 104-1	
NOTE A SAWYER 9. Industry or work wa SAW MIII 10. Data decease this occur	business in which	Own home		Cordina of Kerrach	
SAW MII	rr' num' accieran	Own home			
this occu	ed last worked et pation (month and 19	35 spe	ime (years) ntin this Life upation	V	
, ,,,,,,	0-			Other Coutributory Causes of importance:	
12. BIRTHPLACE (ci		roline C rvland	0.	Bear of A	
- 1		ard Will	iamson	yenera merasiasis	
E	0-	roline C		Neme of onecation 1 Defect	
14. BIRTHPLACE (State or		ryland	. <u>Y</u>	What test confirmed dieghosis?	Ko
15. MAIDEN NA	ME Lillie	Brodes		23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:	
15. MAIDEN NA 16. BIRTHPLACE	(city or town) Ca	rolineCo	•	Accident, suicide, or homicide?	
∑ (Steta or		ryland		Whera did injury occur?	
17. INFORMANT Thomas Layton (Address) Federalsburg, Md., R.F.D			R.F.D	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Placa Union Grove, Md. Date Oct. 22,1935			t. 22,35	Manner of injury	
10 HNDEPTAKED	J. J. Fra	mntom &	Son	24. Was disaese or injury In egy way ralated to occupation of deceased?	
(Address)	Federalsb	urg. Mar	yland	If so, specify	
20 FILED 10 /2	1/35 19 5 . 5 :		11	(Signad) White Stranger	M.D.
7	1		Registrar.	(Address) flallabling, Ima	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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- 11	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 M should state

1. PLACE OF DEATH		(P)	00
County Caryla	me.	Registration Dist. No. 6/	
Village or City Succes	nalodo.	No. St.	Ward
land of the second		If death occurred in a hospital or institution, give its NAME instead of street and number	er)
Length of residence in city or town when	e death occurredyrsmo	s ds. How long In U.S. if of foreign birth?	ds
2. FULL NAME CLCCA	13. Turolo.		
(a) Residence: No.		St., Ward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and State	:
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Ferray y	OR DIVORCED (write the word)	act. 6 - 1935 193	(Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of M. Pie	cular	22. OHEREBY CERTIFY. That I altended decea	sed from کگیور
5. DATE OF BIRTH (month, day, and year)	Jan 6. 1888	I last saw h _ alive on Oes 16 , 1935; dea	ath Is sale
. AGE Years Months	Oays If LESS than	to have occurred on the date steted above, et	
49 9	/ D 1 day,hrs.	ware as follows: OF DEATH and lengted causes of importance	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Hanamy 14.		te of onset
9. Industry or business in which		The state of the s	116
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	<i>V</i>	July Grounds	6.
1D. Date deceased lest worked at this occupetion (month and year)	11. Total time (years) spent in this		
year)	occupetion	Other Chatrificatory Causes of Importance:	
2. BIRTHPLACE (city or town)		All Section	,
(State or country)	a ·	- Theree Rephylis O	21
13. NAME Will 18	unch	helps deu sico	
14. BIRTHPLACE (city or town)		Name of operation Date of	
(State or country)	ray,	What test confirmed diagnosts? Temecof Was there an autops	sy? kd
15. MAIDEN NAME MANY	sacry ely	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town)	9	Accident, suicide, or homicide? Date of injury,	19
(State or country)	ma.	Where did Injury occur?	
17. INFORMANT (Address)	into .	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HDME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, DR REMDVAL	0 0 - 10 -	Manner of injury	
Place School Two	1 Dete 6 4 / 9 19 5	Nature of injury	
9. UNDERTAKER A BION	andungs,	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	10 - mice	If so, spectry	
20. FILEO Oct 19, 1935	Mar Light Registrar.	(Signed) (Address) free bris Mitoria	m. p
If mo	re blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

STATE OF MADVI AND CEPTIFICATE OF DEATH

10000

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
M REAU Y. S.	1 6		
A STATE OF THE PARTY OF THE PAR	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	•	8200	2
County Cearaly	me -	Registration Dist. No.	
Village or City	eillaw uiel.	NoSt.,	Ward
Langth of residence in situ or tow		f death occurred in a horpital or institution, give its NAME instead of street a	
Length of residence In city or tow	where death deathreayrs	To your long in o.s. if of foreign bitting	
2. FULL NAME	erl fleedon -	CCLICLE Specify WAR	
(a) Residence: No.	Declos Me	St., Ward.	
	(Usual place of abode)	If nonresident give city or town	
	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RA	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	4
ac w	married	(Month) (Oay)	(Yeer)
e. If married, widowed, or divorced			(1217)
HUSBANO of (or) Wife of	is Wag to Ruckeson	22. HEREBY CERTURY, That I attend	ded deceased from
e m	Contraction of the Contraction o	19W , to	.,, 19
DATE OF BIRTH (month, day, and yes	in mar. 16 1869	Mast saw half alive on	; deeth is sai
. AGE Years Mc	onths Deys If LESS than	to have occurred on the date stated above, atm.	
66	26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were an ollows:	10
8. Trede, profession, or particular	0	Judgis lest and a	Oate of onse
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	NER, Lesselle	Crimon Couse: Carefral hemorrhage.	
Industry or business in which	V	0.40	
work was done, as SILK MIL SAW MILL, BANK, etc	.L,		
kind of work done, as SPINI SAWYER, BOOKKEPPR, etc. Judustry or business in which work was done, as SILK MIL SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and	11. Total time (years) spent In this		
year)	occupation		
2. BIRTHPLACE (city or town)	Phila	Other Coutributory Causes of Importance:	
(Stete or country)	a Person		
13. NAME ALLELE 14. BIRTHPLACE (city or town)	The Person		
CO DICTOR	Recipient		
14. BIRTHPLACE (city or town) (State or country)	July	Neme of operation Dete of	
(State of country)		What test confirmed diagnosis? Was there	en eutopsy?
15. MAIDEN NAME	1130	23. If death was due to external causes (VIOLENCE) fill In also the follo	wing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Phyla	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Pa.	Where did Injury occur?	C
7. INFORMANT Claich	LowErs -	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
(Address)	A) xxx of an		
8. BURIAL, CREMATION, OR REMOVAL	100+13.	Manner of Injury	
Place Leukou	-6: Oat QOL 3, 19.3	Nature of injury	
0 %		24. Wes diseese or filtry in any way related to occupation of deceased?)
9. UNOERTAKER	gu juit		
(Address)	10 wayon	If so, specify Milian Mulaus	
20. FILED 0 - 12 , 1935	XIIIAO Yeege	(Signed)	M.
	Registrar.	(Address)	

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Example I	1	Example II	
The principal cause of death and related ca of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	10070
County Caroline	Registration Dist. No. 64
Village or City Federalsburg, Md &	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Ida Nichols Scott (a) Residence: No. Federalsburg, Md. (Usual place of abode)	mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW	21. DATE OF DEATH October 16 ,193 5 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) Jan. 23, 1864	22. I HEREBY CERTIFY. That, attended deceased from 1935, to CC 16, 1935 I last saw h. E. T. alive on Oct. 16, 60. M., 1935; death is said
7. AGE Yeers Months Days If LESS than 1 day,	to more deterrine on the data stated above, at
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Deta deceased lest worked at this occupetion (month and 6, 1935) Spent In this 11e	
12. BIRTHPLACE (city or town) Caroline County (State or country) Maryland	Other Contributory Causes of importance:
James Nichols	193
13. NAME James Nichols 14. BIRTHPLACE (city or town) Caroline Co. (Stete or country) Maryland	Name of operation for the state of the state
15. MAIDEN NAME Nellie Sullivan 16. BIRTHPLACE (city or town) (Stata or country) Maryland 17. INFORMANT (Addrass) Federalsburg, Md. 18. BURIAL, CREMATION, DR REMOVAL PleceFederalsburg, Md. 18. BURIAL, CREMATION, DR REMOVAL PleceFederalsburg, Md. 18. BURIAL, CREMATION, DR REMOVAL PleceFederalsburg, Md.	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
19. UNDERTAKER J. J. Framptom & Son (Address) Federalsburg, Maryland 20. FILED Oct. 17, 1935 S. S. Tram Registrar. Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. f.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NO. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

V. S. No. 1

TION is very important.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified. FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—CERTIFICATE OF DEATH stated EXACTLY. PHYSICIANS should state of OCCUPA. 1. PLACE OF DEATH certificate. See instructions on back of

10871

County.	tear	slice	2		~	Registration [Dist. No	62
Village	or City	12	erelong	My	NoNoNoNoNoNo	tion, give its NAME	St.,_ E instead of street ar	Ward number)
Length of		3 or town where	deeth occurred	efle mos	ds. How long in U.S. if o			
(a) Res	idence: No	U			St., Ward.			
DEDC	ONAL AND	DETATION	(Usualplace		MEDICAL		give city or town a	
3. SEX		R OR RACE				ERTIFICATE	OF DEATH	
To		W RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month)	// (Day)	193 (Year)
5a. If married, w HUSBAND (or) WIFE	ridowed, or divor of of	rced			22. I HEREBY	1877		
6. DATE OF BIR	tTH (month, day	, and yeer)	Oct.	15.193	l lest saw h alive on			
7. AGE	Yeers	Months	Days	If LESS then 1 dey,hrs. ormin.	to heve occurred on the dete state The PRINCIPAL CAUSE OF DEAT were es follows:			
8. Trede, p	of work done, a	rticular as SPINNER, PER, etc		1 01	A-M	2		Date of onset
9. Industry	or business in was done, as S	which			Salt V	M-	Lanne A	<i>f</i>
	ceesed last worl occupetion (mon)	th end	spa	ime (years) nt in this upation				
12. BIRTHPLACI	E (city or town)_ country)	De	utors		Other Contributory Causes of Impo	ortence:		
当. NAME	In	rin &	with					
1.	ACE (city or tov te or country)	wn)	Palty	un	Neme of operation Whet test confirmed diagnosis?			
15. MAIDEN 16. BIRTHPI	A	atheri	a Revis		23. If death wes due to externel cau	ises (VIOLENCE) fill	In also the follow	ing:
O 16. BIRTHPI	LACE (city or too te or country)	wn)	md.		Accident, suicide, or homicide? Where did injury occur?		Date of injury town, county and S	
17. INFORMANT (Address		rii f	Neuta		Specify whether Injury occurred In	INDUSTRY, In HON	WE, or in PUBLIC	PLACE.
18. BURIAL, CRE	1	Eur	Date OC	C/3,19.30	Manner of injury			
19. UNDERTAKE		ingil	Bur	The last	24. Wes disease or Injury to eny will find the sound of t	ay releted to occupa	tion of deceesed?	
20. FILED . 18	-12,1	35°Q	m All	Yough Registrar.	(Signed)(Address)	auf I	holls	est. M.D.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
Account of the control of the contro		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

RD. Every item of infor-

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT REC properly classified. FOR BINDING MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH				(85)
County Caro	line			Registration Dist. No. 64
Village or City Ne	ar Fe	deralsb	irg, Md.	No. St., Ward
Length of residence in city or	town where de	eath occurred	24 _{yrs} mos.	MoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME EV	a Wil	loughby	Smith	If U. S. Veteran, specify WAR
(a) Residence: No. Fe	deral	sburg, 1	Md.,R.F.I	e St., Ward. If nonresident give city or town and State
PERSONAL AND S				MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Female Whit	301351	5. SINGLE, MARI OR DIVORCED Ma. 1	(Territe tha word)	October 19 193 5 (Month) (Oay) (Yaar)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of Cla	rence	Smith		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and	yaar) No	v. 15,	1891	I last saw h T aliva on Oct 19 , 19 75; death is sai
7. AGE Yaars	Months	Oays	If LESS than I day,hrs.	to have occurred on the date stated above, at 12:40 mp • m •
43	11	4	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home 10. Oate daceasad last worked at this pregnation when and a company to the same to th				acute ulcerative colites
9. Industry or business in whi work was done, as SILK SAW MILL, BANK, etc	MILL,	Own hom	ę	
10. Oate deceased last worked at this occupation (month and 10, 1935 spent in this jeer)				
12. BfRTHPLACE (city or town) (State or country)	De	laware		Other Contributory Causes of importance:
		illough	hv	The state of the s
		1110 ab 11		Name of operational Date of
4 14. BIRTHPLACE (city or town). (State or country)	Del	aware		Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME A	nna W	illiams		23. If daath was dua to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME A 16. BIRTHPLACE (city or town).	C	aroline	Co.	Accident, suicide, or homicide?Oate of injury19
(State or country)	M	aryland		Where did injury occur?
17. INFORMANT Cla (Address) Federa	rence	Smith Md.,	R.F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMO	VAL			Mannar of Injury
19. UNDERTAKER J. J. Framptom & Son (Address) Federalsburg, Md.				24. Was disease or injury. In any way plated to occupation of dacaased?
20. FILEO 10/2/ , 193.	5 5.	5. Fra	ni p tom.	(Signed) (Addrass) Mulyus Muy M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	NOV 4 1935	July 5, 1927	Peritonitis	3 days ago
	SUPERU V. S.			
Other contributory	causes of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE PL.

V. S. No. 1 B

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	10873
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1. PLACE OF DEATH	23
County Caraline	Registration Dist. No. 66
// /	No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
2/ 10/14	
2. FULL NAME Harry Carfton Sw	-ann
(a) Residence: No. (Ufual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wylee the word)	21. DATE OF DEATH 1935 (Month) (Day) (Year)
HUSBAND of (or) WIFE of MARS Ella Swing Swann DATE OF BIRTH (month, day, and year) (WA) 1873	22. JHEREBY CERTIFY That I aftended deceased from 19.37 to Catholic 18, 19.33 State 18 19.35; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2, 25 Pm.
62 2 1/2 1day,hi	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDØKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	Interculosis - Parlmonory over Belatical Jover
2. BIRTHPLACE (city or town) (State or country) 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation 2 5 years) 12. BIRTHPLACE (city or town) (State or country)	Dither Contributory Causes of importance:
13. NAME Selbert Swann	
14. BIRTHPLACE (city or town) Cardyely (State or country)	What test confirmed diagnosis Clause of Linding Was there an au'opsy? Ze
15. MAIOEN NAME Jourg James Pappins 16. BIRTHPLACE (city or town) Pappins (State or country)	23. If deeth was due to external causes (VID ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Reflycely	Accident, suicide, or homicide? Date of Injury, 19
7. INFORMANT Me Ham Juann (Address) Park Juann	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Off 20, 193	Manner of injury Nature of injury
9. UNDERTAKER CAddress Sunday Mana	24. Was disease or injury in any way related to occupation of deceased? It is specify diseased and to to use them light
20. FILEDOCT 19, 1935 Wavis Registrar.	(Signed) M (Address) M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
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Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Secretary and the secretary an			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURT	HER STATEMENT	BY	PHYSICIAN	V
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certificate.

See instructions on back of

TION is very important.

should state

STATE OF MARYLAND—CERTIFICATE OF DEATH of OCCUPA. 1. PLACE OF DEATH

County Caroline	Registration Dist. No. 6/
Village or City Treeschores	No. St. Ward
Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME James M. Lhaur	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 5, 1864	Hast sawh was alive on Oct / 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 4 m.
68 9 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Date of onset Chropic myocarditian Duration of fire years Personal Contributory Causes of Importance: Duffered 1,8 with Name of operation 21 over 10.
(State or country)	What test confirmed diagnosis? flere and Was there an au'opsy? ho
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. MAIDEN NAME 19. Porter (Address) 19. MAIDEN NAME May C. Porter M. C. May C. Porter M. C. May C. May C. May C. Porter M. C. May C. May C. Porter M. C. May C. May C. May C. Porter M. C. May C. May C. May C. Porter M. C. May C. May C. Porter M. C. May C. May C. May C. Porter M. C. May C. May C. May C. Porter M. C. May C. May C. May C. May C. Porter M. C. May C. May C. May C. May C. May C. May C. Porter M. C. May C	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dreumbard Date Oct. 4, 1935	Nature of Injury
19. UNDERTAKER (Address) 20. FILED CL Z 7955 A Place Place	24. Was disease or injury in any way related to occupation of deceased? Red If so, specify (Signed) Rebins M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRI

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 100 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(97)
County Caroline Co.	Registration Dist, No. 62
Village or City Denton MA	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town whare death occurredyrsmos	sdds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Holen). Walon	1
(a) Residence: No. Sulsaling Md (Usal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Aemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 25 193 5 (Month) (Day) (Year)
HUSBAND of (or) WIFE of Land of A Wals	22. I HEREBY CERTIFY That I attended decaased from
9119-1811	1933 to Cer 23 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last sew
78- 3 2.2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance
8. Trade, profassion, or particular	ware as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Sand Soul Low Lundy Duly
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	They were grown to they
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Rosecould	Other Contributory Causes of Importance:
(State or country)	Usline ocheroses
13. NAME A South	
14. BIRTHPLACE (city or town) Concerned Dake	Name of oparetion Date of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME hus Lucy James	23. If death was due to axternal causas (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Mus Lay James 16. BIRTHPLACE (city or town) Constant Office (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Carlo Carlo Carlo Com (Address) Dataton Mad	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Paraons Con Date Oct 28, 1933	Manner of injury
19. UNDERTAKER The Hill & Johnson CO, (Address) & aline world miles	24. Was diseese or injury In Thy wey related to occupation of Secessad? The
20. FILED 10 - 25, 1935 and 40 Gengle	(Signed VIIII G. Hegy 9 - M. (Address) Hutter Find

V. S. No. 1

PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RE

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

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FOR BINDING

MARGIN RESERVED

stated EXACTLY.

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	follows:	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOA 9 1222	July 5, 1927	Peritonitis	3 days ago
	BUREAU Y. S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement

classified.

be

properly certificate.

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

of OCCUPA.

AGE should be

mation should be carefully supplied.

V. S. No. 1 N. B.— STATE OF MARYLAND—CERTIFICATE OF DEATH

10070

STATE OF MARYLAND	CERTIFICATE OF DEATH	1010
1. PLACE OF DEATH	Deciphration Diet No.	2
County Cearaluly	Registration Dist. No	
	NoSt.,death occurred in a hospitafor institution, give its NAME instead of street and	
Length of rasidence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs	nosds.
2. FULL NAME Mare au Mias	ing If U.S. Veteran specify WAR.	
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH COLL 2011	, 193 3
Sa. If married, widowed, or divorced	(month) (bay)	(1041)
(or) WIFE of John Wiggens	AMT 21 1930 to Out 20	deceased from
5. DATE OF BIRTH (month, day, end year) afer 29 1862	l last saw h M alive on Out 2 4 1985	death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at	
7.5 5 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
101	were as follows:	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fulmmany Intercutous	1934
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc	Farry ger presculore	1934
year) occupation	Other Contributory Causes of Importence;	
12. BIRTHPLACE (city or town)		
(State or country)		
13. NAME Trucker College		
14. BIRTHPLACE (city or town)	Name of operation Date of _	1
(State or country)	What test confirmed diagnosis? Wes there an	autopsy?
15. MAIDEN NAME Casterier & Jagde	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and St	
17. INFORMANTILLA TELLA X TILLA (Address)	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC P	
18. BURIAL, CREMATION, OR REMOVAL Place Date Oct 21/19 3-	Manner of injury	
0 2/ /		no
19. UNDERTAKER (Address) Desplace	24. Was disease or injury in any way related to occupation of deceased?	7
20. FILED 10-22, 1935 km 40 / lugs	(Signed) all Smoths.	M. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

100	Example II	
- Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

T RE RD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.		
S IS A PERMANEN	stated EXACTL	properly classified.	certificate.	
B.—WRITE PLAKLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVE Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	

	LAND-	CERTIFICATE OF DEATH	0877
1. PLACE OF DEATH		23	10.5 8
County Caroline		Registration Dist. No. 64	
Village or City Federalsburg, M.	(If	No. St., St., f death occurred in a horpital or institution, give its NAME instead of street and number of the street and	Ward
			ds.
2. FULL NAME Mary Elizabet			
(a) Residence: No. Federalsburg, (Usual place of	Md •	St., Ward. If nonresident give city or town and S	
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	tate
Female 4. COLOR OR RACE 5. SINGLE, MARRII OR DIVORCED (WILDOW)	ED, WIDOWED, (write the word)	21. DATE OF DEATH October 12	193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Wright		22. I HEREBY CERTIFY. That I attended do	eceasad from
6. DATE OF BIRTH (month, day, and year) Dec. 12, 1	859	last saw h alive on 10/11 to 3 J.	death is said
7. AGE Yaars Months Days	If LESS than	to have occurred on the date stated above, at 4:30 am. m.	death is said
75 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSE WO 9. Industry or business in which work was done, as SILK MILL, Own home 10. Date deceased last worked at this occupation (ment) and a contraction	rk	Pulmmay Tokeculiara	Date of onset
10. Date deceased last worked at this occupation (month and 1934 spent) year)	e (yaars) in this Life		
12. BIRTHPLACE (city or town) Federalaburg (State or country) Maryland		Other Coutributory Causes of importance:	
I 13. NAME John W. Lord			
13. NAME John W. Lord 14. BIRTHPLACE (city or town) Federalsburg (State or country) Maryland		Neme of operation Data of	7-)
		what tast confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME Eliza Todd 16. BIRTHPLACE (city or town) Caroline Co (State or country) Maryland	unty	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Mrs. Clarence Wri (Addrass) Federalsburg, Mar	ght yland	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε,
18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Mdpate Oct.	15,1935	Manner of injury	
19. UNDERTAKER J. J. Framptom & So (Address) Federalsburg, Maryl	n and	24. Was disaase or injury in eny way related to occupation of deceased?	
20. FILED Oct. 14, 1935 J. S. Fran	Registrar.	(Signad) Aderilating	M.D.

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